

## DC 1707, AFSCME, AFL-CIO

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(12)

Name/Nombre Theodora Lloyd Phone/Telefono 917-345-0668  
 Street/Calle 60 East 104st E-Mail/Correo Electrónico \_\_\_\_\_  
 City/Ciudad New York State/Estado N.Y. Zip/Zona Postal 10029

I hereby request and accept membership in the above named union, and of my own free will authorize it, their agents or representatives to act for me as a collective bargaining agent in all matters pertaining to pay rates, wages, hours of employment and other conditions of employment.

Date/Fecha 5/24/10 Signature/Firma Theodora Lloyd

Agency/Agencia Preschool of America

Location of work/Lugar trabajo 1501 Lex Ave

Job title/Título del trabajo Assistant Teacher Date of Hire/Fecha del empleo \_\_\_\_\_

Weekly salary/Salario semanal / Social Security No./Número de Seguro Social /

## Application for Union Membership

DC 1707, AFSCME, AFL-CIO  
 75 Varick Street, New York, NY 10013  
 (212) 219-0022

1-800-223-1707 (Outside New York City)

## DC 1707, AFSCME, AFL-CIO

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(13)

Name/Nombre Eve Apodaca Phone/Telefono 515-714-1822  
 Street/Calle 199 Lefferts E-Mail/Correo Electrónico apodacaeve@hotmail.com  
 City/Ciudad Brooklyn State/Estado 11225 Zip/Zona Postal NY

I hereby request and accept membership in the above named union, and of my own free will authorize it, their agents or representatives to act for me as a collective bargaining agent in all matters pertaining to pay rates, wages, hours of employment and other conditions of employment.

Date/Fecha 5-24-10 Signature/Firma Eve Apodaca

Agency/Agencia POA Preschool of America

Location of work/Lugar trabajo 1501 Lexington Ave

Job title/Título del trabajo Teacher Assistant Date of Hire/Fecha del empleo 10-20-09

Weekly salary/Salario semanal / Social Security No./Número de Seguro Social /

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## DC 1707, AFSCME, AFL-CIO

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(14)

Name/Nombre Evelyn Aguirre Phone/Telefono 917 892-9997  
 Street/Calle 855 3rd 106m st E-Mail/Correo Electrónico babywords@msn.com  
 City/Ciudad Richard Hill State/Estado NY Zip/Zona Postal 11418

I hereby request and accept membership in the above named union, and of my own free will authorize it, their agents or representatives to act for me as a collective bargaining agent in all matters pertaining to pay rates, wages, hours of employment and other conditions of employment.

Date/Fecha 5-24-10 Signature/Firma Evelyn Aguirre

Agency/Agencia Preschool of America

Location of work/Lugar trabajo 1501 Lexington Ave, NYC. 10029

Job title/Título del trabajo Ass't. Teacher Date of Hire/Fecha del empleo 10/07

Weekly salary/Salario semanal / Social Security No./Número de Seguro Social /

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## DC 1707, AFSCME, AFL-CIO

(Please Print/Imprima Por Favor) All information is confidential/Esta información es confidencial

Name/Nombre Hoggy Llorente Phone/Telefono (347) 567-3857  
 Street/Calle 3016 Bronx Blvd E-Mail/Correo Electrónico hoggy2890@hotmail.com  
 City/Ciudad Bronx, State/Estado NY Zip/Zona Postal 10465

I hereby request and accept membership in the above named union, and of my own free will authorize it, their agents or representatives to act for me as a collective bargaining agent in all matters pertaining to pay rates, wages, hours of employment and other conditions of employment.

Date/Fecha 5/24/10 Signature/Firma [Signature]

Agency/Agencia Preschool Of America

Location of work/Lugar trabajo 1501 Lexington Ave. NYC

Job title/Título del trabajo Ass. Teacher Date of Hire/Fecha del empleo 9/1/09

Weekly salary/Salario semanal        Social Security No./Número de Seguro Social       

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## DC 1707, AFSCME, AFL-CIO

(Please Print/Imprima Por Favor) All information is confidential/Esta información es confidencial

Name/Nombre Clarissa Rivera Phone/Telefono 212-996-7688  
 Street/Calle 1536 Lex Ave Apt 8F E-Mail/Correo Electrónico riveraclar3182@yahoo.com  
 City/Ciudad New York State/Estado N.Y. Zip/Zona Postal 10029

I hereby request and accept membership in the above named union, and of my own free will authorize it, their agents or representatives to act for me as a collective bargaining agent in all matters pertaining to pay rates, wages, hours of employment and other conditions of employment.

Date/Fecha May 24, 2010 Signature/Firma Clarissa Rivera

Agency/Agencia Preschool of America

Location of work/Lugar trabajo Lexington Location

Job title/Título del trabajo Assistant Teacher Date of Hire/Fecha del empleo 7/25/09

Weekly salary/Salario semanal        Social Security No./Número de Seguro Social       

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**DC 1707, AFSCME, AFL-CIO**

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Name/Nombre Kathrine Irizarry Phone/Telefono 917 819 5057  
 Street/Calle 640 east 137 st E-Mail/Correo Electrónico K.Irizarry 26@yahoo.com  
 City/Ciudad Bronx State/Estado NY Zip/Zona Postal 10454

I hereby request and accept membership in the above named union, and of my own free will authorize it, their agents or representatives to act for me as a collective bargaining agent in all matters pertaining to pay rates, wages, hours of employment and other conditions of employment.

Date/Fecha 6/21/10

Signature/Firma

Kathrine IrizarryAgency/Agencia Preschool of AmericaLocation of work/Lugar trabajo 1501 Lexington AveJob title/Titulo del trabajo Floater

Date of Hire/Fecha del empleo

Weekly salary/Salario semanal /Social Security No./Número de Seguro Social /

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**DC 1707, AFSCME, AFL-CIO**

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Name/Nombre VERONICA JEAN Phone/Telefono (347) 495 0691  
 Street/Calle 93-39 210PL E-Mail/Correo Electrónico \_\_\_\_\_  
 City/Ciudad QUEENS State/Estado NY Zip/Zona Postal 11428

I hereby request and accept membership in the above named union, and of my own free will authorize it, their agents or representatives to act for me as a collective bargaining agent in all matters pertaining to pay rates, wages, hours of employment and other conditions of employment.

Date/Fecha July 12/10

Signature/Firma

Agency/Agencia POA LexingtonLocation of work/Lugar trabajo Preschool of AmericaJob title/Titulo del trabajo Childcare provider Date of Hire/Fecha del empleo JUN - 14 - 10

Weekly salary/Salario semanal \_\_\_\_\_ Social Security No./Número de Seguro Social \_\_\_\_\_

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(4)

Name/Nombre Reina Peralta Phone/Telefono 347-655-6302Street/Calle 1182 Lebanon st 34A E-Mail/Correo Electrónico Reinal003@hotmail.comCity/Ciudad Bronx State/Estado NY Zip/Zona Postal 10460

I hereby request and accept membership in the above named union, and of my own free will authorize it, their agents or representatives to act for me as a collective bargaining agent in all matters pertaining to pay rates, wages, hours of employment and other conditions of employment.

Date/Fecha 5/24/2010 Signature/Firma R. PeraltaAgency/Agencia Preschool of America LexingtonLocation of work/Lugar trabajo 1501 LexingtonJob title/Titulo del trabajo teacher Date of Hire/Fecha del empleo 7/18Weekly salary/Salario semanal / Social Security No./Número de Seguro Social /**Application for Union Membership**

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